



OCT 10 2001

RECEIVED

TECH CENTER 1600/2900

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (12-97)
Approved for use through 8/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	96700/488
	First Named Inventor	Nancy Carrasco
	COMPLETE IF KNOWN	
	Application Number	09/519,959
	Filing Date	March 7, 2000
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHODS FOR THE DIAGNOSIS AND TREATMENT OF BREAST CANCER

the specification of which (Title of the invention)

☐ is attached hereto
OR

☒ was filed on (MM/DD/YYYY) 03/07/2000

as United States Application Number or PCT International

Application Number 09/519,959 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

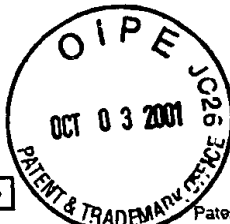
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☒PTO/SB/01 (12-97)
Approved for use through 2/30/00. OMB 0651-0032

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number →
OR
☐ Registered practitioner(s) name/registration number listed below

Place Customer
Number Bar Code
Label here

Name	Registration Number	Name	Registration Number
Morton Amster	16,877	Joel E. Lutzker	29,466
Michael J. Berger	25,829	Ira E. Siffin	33,785
Daniel S. Ebenstein	24,932	Leonard S. Sorgi	33,211
Kenneth P. George	30,259	Neil M. Zipkin	27,476
Philip H. Gottfried	25,871	Craig J. Arnold	34,287
Abraham Kasdan	32,897		
Anthony F. Lo Cicero	29,403		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number OR ☒ Correspondence address below

Name	Craig J. Arnold, Esq.		
Address	Amster, Rothstein & Ebenstein		
Address	90 Park Avenue		
City	New York	State	NY
Country	U.S.A.	ZIP	10016
Telephone	(212) 697-5995	Fax	(212) 286-0854

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle if any)	Family Name or Surname		
Nancy	Carrasco		
Inventor's Signature			Date 11/28/00
Residence: City	New York	State	NY
Country	U.S.A.	Citizenship	Mexican
Post Office Address	250 West 89th Street, Apt. 4-M		
Post Office Address			
City	New York	State	NY
Country	U.S.A.	ZIP	10024

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

RECEIVED

OCT 10 2001

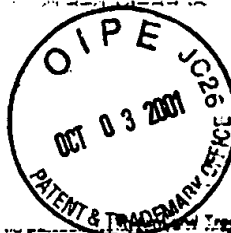
TECH CENTER 1600/2900

NOV-22-2000 17:59

A R & E

1 212 200 0854

F.00

Please type a plus sign (+) inside this box → ☒

void OMB control number.

PTO/BA/02A (3-97)
Approved for use through 6/30/02. OMB 0651-0033
Treasury Office: U.S. DEPARTMENT OF COMMERCE

DECLARATION				ADDITIONAL INVENTOR(D) Supplemental Sheet Page 1 of 1			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Orsolya				Dohan			
Inventor's Signature				Date		11/28/00	
Residence City		Bronx		State		NY	
Country		U.S.A.		Country		Hungary	
Post Office Address							
1579 Rhineland Ave., Apt. 4-C							
Post Office Address							
City		Bronx		State		NY	
ZIP		10464		Country		U.S.A.	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Uygar H.				Tazebay			
Inventor's Signature				Date		11/28/00	
Residence City		Ankara		State		Turkey	
Country		Turkey		Country		Turkey	
Post Office Address							
Milkent 1. imnental 27/4							
Post Office Address							
City		Ankara		State		08533	
Country		Turkey		Country		Turkey	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Imene L.				Wagnir			
Inventor's Signature				Date			
Residence City		Stanford		State		CA	
Country		U.S.A.		Country		U.S.	
Post Office Address							
650 Pasteur Drive 10040							
Post Office Address							
City		Stanford		State		CA	
ZIP		94305-5055		Country		U.S.A.	

WARNING: This form is submitted to the U.S. Patent and Trademark Office, and will be made available to the public. Any information on this form, including the name of the inventor, will be made available to the public. The U.S. Patent and Trademark Office is not responsible for the accuracy of the information provided on this form. The U.S. Patent and Trademark Office is not responsible for the accuracy of the information provided on this form. The U.S. Patent and Trademark Office is not responsible for the accuracy of the information provided on this form.

RECEIVED

OCT 10 2001

TECH CENTER 1600/2900

RECEIVED

OCT 1 0 2001

TECH CENTER 1600/2900



NOV. 28. 2000 12:30PM

BOSWELL DEPT OF SURGERY

NO. 0669 P. 3

TECH CENTER 1600/2900

OCT 1 0 2001

RECEIVED

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (12-97)
Approved for use through 8/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number	96700/488
	First Named Inventor	Nancy Carrasco
	COMPLETE IF KNOWN	
	Application Number	09/519,959
	Filing Date	March 7, 2000
	Group Art Unit	
<input type="checkbox"/> Declaration Submitted with Initial Filing	OR	<input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)
Examiner Name		

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated, and are next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHODS FOR THE DIAGNOSIS AND TREATMENT OF BREAST CANCER

the specification of which (Title of the invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 03/07/2000 as United States Application Number or PCT International Application Number 09/519,959 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 355(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

(Page 1 of 2)

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



TECH CENTER 1600/2900

OCT 1 0 2001

RECEIVED

Please type a plus sign (+) inside this box ☒

PTO/SB/01 (12-87)
Approved for use through 8/30/00. OMB 0551-0032
Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT International application designating the United States of America, filed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.66 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Name	Registration Number	Name	Registration Number
Morton Ausner	16,477	Joel E. Luzzo	23,408
Michael J. Berger	25,079	Isa E. Slick	33,783
Daniel S. Ebenstein	24,932	Leonard G. Sargi	33,211
Kenneth P. George	20,339	Wesley M. Zephin	27,476
Philip M. Goshied	22,871	Craig J. Arnold	24,287
Abraham Kandas	22,387		
Anthony L. La Plante	21,403		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

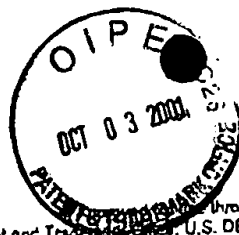
Direct all correspondence to: ☐ Customer Number or Bar Code Label ☒ Correspondence address below

Name	Craig J. Arnold, Esq.		
Address	Amster, Rothstein & Ebenstein		
Address	90 Park Avenue		
City	New York	State	NY
Country	U.S.A.	Telephone	(212) 697-5995
		Fax	(212) 286-0854

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))	Family Name or Surname		
Nancy	Carrasco		
Inventor's Signature	Date		
Residence: City	New York	State	NY
	Country	U.S.A.	Citizenship
	Mexican		
Post Office Address	250 West 89th Street, Apt. 4-M		
Post Office Address			
City	New York	State	NY
	ZIP	10024	Country
	U.S.A.		

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto



RECEIVED
OCT 10 2001

TECH CENTER 1600/2900

Please type a plus sign (+) inside this box → +

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

PTO/SB/02A (3-97)
through 8/20/98. OMB 0651-0032
Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1
--------------------	--

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Orsohya				Donan			
Inventor's Signature						Date	
Residence: City	Bronx	State	NY	Country	U.S.A.	Citizenship	Hungarian
Post Office Address							
1579 Rhinelander Ave., Apt. 4-C							
Post Office Address							
City	Bronx	State	NY	ZIP	10451	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Uygar H.				Tazebay			
Inventor's Signature						Date	
Residence: City	Ankara	State		Country	Turkey	Citizenship	Turkish
Post Office Address							
Bilkent Lojmanlari 37/1							
Post Office Address							
City	Ankara	State		ZIP	06533	Country	Turkey
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Irene L.				Wapnir			
Inventor's Signature	<i>Irene Wapnir</i>					Date	11/28/00
Residence: City	Stanford	State	CA	Country	U.S.A.	Citizenship	U.S.
Post Office Address							
300 Pasteur Drive H3625							
Post Office Address							
City	Stanford	State	CA	ZIP	94305-5655	Country	U.S.A.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.